ANNUAL REPORT

FOR THE YEAR 1911,

FOR THE

BROMSGROVE URBAN DISTRICT COUNCIL.

BY

CAMERON KIDD,

M.B. Lond., F.R.C.S., England.
Medical Officer of Health.

AND

A. SMITH,

Assoc. R. San. Inst.,
Surveyor and Sanitary Inspector.

"Messenger" Co., Typ,, Bromsgrove. 762/12.

ANNUAL REPORT FOR THE YEAR 1911.

To the Bromsgrove Urban District Council.

BROMSGROVE,

28th February, 1912.

MR. CHAIRMAN AND GENTLEMEN,

I have the honour of presenting my 24th Annual Report on the health of the town during the year 1911. Before entering into details I should like to record my sincere thanks to the Council for the action they so promptly took in raising my salary when the matter was brought forward in my last report. The Council have always treated me so well that I was confident that the question only needed to be raised to be fairly considered by them and it was a source of real gratification to me to know that my work had been appreciated and that I retained the confidence of the Council. I have always taken the greatest pride and interest in my work as Medical Officer of Health and I welcome the advances that have been made, and the general awakening of public health administration, during recent years. Measures which some of us have long dreamed of, such as the prompt notification of early stages of Phthisis in young subjects and the dealing with each individual case by treatment until it is cured ; the systematic inspection of all houses ; the instruction of every mother as to the rearing of infants, especially if delicate or ailing ; the systematic supervision of the health of children at school ; all these have been rendered possible by recent legislation, but the amount of work and practical detail involved in carrying them all out is at first bewildering and, above all, expense meets us at every turn. Certainly expenditure that leads to prevention of disease is better than any amount spent on cure of already caused diseases, and in this light the Housing Act, with its inspection of all houses, is I think the one which we should first endeavour to carry out ; it is a work, too, to be done by each individual district and not calling for combination as some of the others may. It is dealt with more fully below.

The year under review has been satisfactory in that it has been uneventful. The figures are all fairly good the deathrate being just below average and the Infantile Mortality again below 100. With the exception of an epidemic of measles the town has enjoyed a singular immunity from infectious disease, the number of notifications being lower than in any year except 1905.

The

The Census showed that I had underestimated the increase of population. My estimate for 1910 was 8740, which allowed for an increase somewhat less than that which occurred in the previous decade, namely 482. As it turned out the increase since 1901 was greater than this, namely 512, and the total population is now 8928.

VITAL STATISTICS.

Births numbered 201,—103 male and 98 female—as compared with 217 and 215 respectively in the two preceding years, the birthrate being 22·5 per 1000 as compared with 24·8 and 24·7.

This is the lowest birthrate by far that has yet been recorded in the town, the average for the preceding 10 years having been 27·2, but the figure is steadily diminishing and taking the last 5 years only the average birthrate is only 24·9.

Deaths.—167 deaths were registered in the town district,—84 male and 83 female—but of these 38 were of strangers sent to public hospitals in the town so that the number of deaths proper to the district was 129 and the deathrate 14·2 as compared with 13·2 and 14·4 in the two preceding years, the average for the preceding 10 years being 14·5. I confidently hope that we shall see this figure steadily diminishing in the near future.

Infantile Mortality.—With 201 births there were 20 deaths of infants under one year, almost exactly 1 in 10, the infantile deathrate being 99 per 1000 as compared with 92 and 116 in the two preceding years, the average for the preceding 10 years being 95. An infantile deathrate under 100 per 1000 must be considered satisfactory, but it undoubtedly could and should be lower than this.

Table IV. shows the details of infant mortality by which it will be seen that this year Summer Diarrhoea was responsible for the greatest number of deaths; this was plainly caused by the excessive heat of the summer whatever the exact connection may be.

Zymotic Mortality.—There were 13 deaths from Zymotic Disease, 6 from Epidemic Diarrhoea, 5 from Measles and 1 each from Whooping Cough and Diphtheria, making the Zymotic deathrate 1·4 per 1000 as compared with ·68 and 1·0 respectively in the two preceding years, the average for the last 10 years being 1·0. This is a rate slightly above the average but I do not think it is unsatisfactory considering the intense heat of the summer, which made infant diarrhoea inevitable, and especially the fact that we went through a severe epidemic of Measles and Whooping Cough. The two last epidemics of Measles caused 7 and 11 deaths respectively and of Whooping Cough 5 and 7.

The

The following table shows the details of Zymotic Mortality during the last 6 years :—

	1906.	1907.	1908.	1909.	1910.	1911.
Small Pox	0	0	0	0	0	0
Measles	0	11	1	7	0	5
Scarlet Fever ..	2	3	2	0	0	0
Diphtheria	0	1	0	0	1	1
Whooping Cough ..	1	7	0	1	5	1
Enteric Fever ..	0	0	0	0	0	0
Diarrhoea	7	1	4	1	0	6
	10	23	7	9	6	13

As I pointed out last year this table shows conclusively how the greater part by far of our zymotic mortality is due to non-notifiable diseases which we do little to control, and the records of recent years show plainly the benefits of notification and the action that follows it. Twenty years ago there was no such disproportion seen in this table between the number of deaths from Scarlet Fever, Diphtheria and Enteric Fever as compared with Measles, Whooping Cough and Diarrhoea as is now evident, and there can be little doubt that if we could notify and isolate the three last mentioned diseases as we do the first three the mortality from Measles and Whooping Cough would soon approximate to that from Scarlet Fever and Diphtheria. The table shows in 6 years 24 deaths from Measles, 15 from Whooping Cough and 19 from Diarrhoea as compared with 7 from Scarlet Fever, 3 from Diphtheria and nil from Enteric Fever. As always, expense is the great difficulty, but it is a question whether it would not be money well spent.

Respiratory Deathrate.—Seven deaths from Bronchitis and 1 from Pneumonia give a respiratory deathrate of ·89 per 1000 as compared with 1·2 and 3·3 in the two preceding years. This is a peculiarly low respiratory mortality.

Phthisis Deathrate.—Seven deaths from Pulmonary Phthisis make the Phthisis deathrate ·78 per 1000 as compared with 1·0 in each of the two preceding years, while 4 additional deaths from tuberculous disease make the total tuberculosis deathrate 1·3, as usual about equalling the zymotic deathrate.

Cancer caused 9 deaths, a rate of just 1·0 per 1000.

THE OCCURRENCE OF INFECTIOUS DISEASE.

The year's record of infectious disease is a very light one, only 9 notifications were received as compared with 21 and 19 in 1910 and 1909, and of these 3 were of Erysipelas. There were 3 of Scarlet Fever (2 being nurses at the Isolation Hospital), 2 of Enteric Fever and 1 of Diphtheria.

The

The following table shows the incidence of notifiable disease during the last 6 years :—

	1906.	1907.	1908.	1909.	1910.	1911.
Small Pox ..	0	0	0	0	0	0
Scarlet Fever	57	50	26	8	15	3
Enteric Fever	0	0	0	0	0	2
Puerperal Fever	1	0	0	0	0	0
Diphtheria ..	2	3	6	2	5	1
Erysipelas ..	5	1	0	9	1	3
	65	54	32	19	21	9

Small Pox continues absent and I fear that as year by year our immunity continues people become more careless about this disease. It is not to be expected that infection will not be introduced at some time and when it does come it will find ample material among us in the shape of persons, especially children, unprotected by vaccination. Exemption is not claimed so largely in this district as it is in some places but over 25 per cent of the children born have remained unvaccinated in recent years. If a small pox scare takes place many of these children will doubtless be vaccinated in a hurry but it may be too late in some cases and people will then see, what they have almost forgotten, what unmodified small pox in a child is like and the results that it produces even if the child recovers. I can only once more advise parents to have their children vaccinated without waiting till an epidemic threatens.

Scarlet Fever has now been virtually absent from the town for 18 months, for of the 3 cases notified in 1911 two were probationer nurses at the Isolation Hospital and the third was an imported case from Birmingham. It is now six years since the last epidemic of Scarlet Fever visited Bromsgrove in 1906, and before that epidemic started we enjoyed a period of nearly two years without more than one or two cases, just as we have done now, and if the expected happens we shall have an epidemic soon, for a new supply of susceptible children has grown up.

Enteric Fever.—After an absence of 10 years two cases of Enteric Fever were notified in September in Worcester Street, both were boys of 13 and 14, living opposite to one another, the two families being intimate. A fortnight elapsed between the two cases. Both were removed to hospital and proved very severe but both made good recoveries. There was something anomalous about these two cases which made the exact diagnosis very difficult, both being in important respects quite unlike ordinary Enteric Fever. The weather was intensely hot at the time and in many respects the illness was more like a form of cerebro-spinal meningitis. No gross sanitary fault was found in either house though one was supplied with water from a well which proved to be contaminated. The well was closed and tap water supplied.

Puerperal

Puerperal Fever has now been absent for 5 years and we may hope that modern methods and precautions are responsible for this improvement.

Diphtheria. — The single case, which unfortunately was very severe and proved fatal, occurred in September at New Buildings in the very hot weather, in a cottage where a w.c. soil pipe had been blocked up for some weeks ; but no application had been made to the sanitary officials until the illness occurred, when the premises were inspected on receipt of the notification and the nuisance at once dealt with.

This case shewed the danger of delay in the administration of antitoxin, several days being allowed to elapse before the doctor was called in. It cannot be too widely known that if antitoxin is given within the first two or three days of the onset of Diphtheria the cure is practically certain, but that after the fourth day the result is doubtful. In any case of suspicious sore throat in a child, especially in intensely hot weather when simple catarrhs are not likely to occur, the doctor should be called in if it lasts more than one day. If this were always done we should really have no deaths from Diphtheria.

Erysipelas.—As I have before remarked I think the notification of Erysipelas might be dispensed with.

In addition to notifiable diseases both **Measles** and **Whooping Cough** became epidemic during the year.

Measles had been rife in all the surrounding districts in the early part of the year and as we had been four years since the last epidemic we were daily expecting its appearance, but it was not until September that the first cases occurred, and it spread through the whole town between then and the end of the year. Five deaths occurred, all of children under 5, one being in October, 3 in November, and 1 in December.

Whooping Cough was mildly epidemic during the spring months but only one death occurred in April.

Epidemic Diarrhoea or the Summer Diarrhoea of infants.— Our record as to this disease during recent years has been distinctly favourable, but this year it caused the majority of our zymotic deaths. The cause unquestionably was the extreme heat of the summer months, 2 deaths being in July and 4 in August. The exact connection between hot dry weather and this disease is a matter of controversy, but I believe myself that it is mostly a question of the keeping sweet of milk, the disease being almost entirely among bottle fed infants. It is notorious that for many reasons—dust and flies being among the most important—it is more difficult to keep milk from becoming tainted in hot weather than it is when the weather is cool, and, besides strict cleanliness, the most practical safeguard is the protection of

of milk from dust and flies. This is really more important than boiling. People often think that when milk has been boiled all that is necessary has been done, but I have frequently seen boiled milk covered with dust from having been left in an uncovered receptacle, and the result may then be as disastrous as if no precaution had been taken.

Squares of washable muslin, weighted at the corners, form a very good practical way of covering milk and protecting it from external contamination.

ACTION TAKEN TO PREVENT THE SPREAD OF DISEASE.

Both cases of Enteric and the cases of Diphtheria and Scarlet Fever were removed to hospital and the premises disinfected with formalin fumigation. In one case of Enteric a polluted well was closed by order of the Council and tap water supplied. School closure was advised when Measles became epidemic, the Infant Departments of every school in the town being closed in turn between September and November. As usual it was difficult to say whether school closure had any real effect in checking the spread of infection. When the first cases occurred the school concerned was immediately closed, but the epidemic continued without any apparent check.

SANITARY WORK COMPLETED, CONTEMPLATED, OR REQUIRED.

Systematic Inspection.—In several recent years I have made house to house inspections of certain parts of the district and the results have been reported in these reports ; now however, under the Housing and Town Planning Act the inspection of every house in the district is to be made and the results recorded in a permanent record. The work in this district has been given to the Sanitary Inspector who has inspected each month as many houses as time allowed in view of his other occupations. A beginning was made at Stoney Hill, one of the best parts of the town, but the Inspector was only able to do 15 houses in the whole year. A considerable number of sanitary defects were found in these 15 houses, some of them serious, and they were all remedied on notice from the Council, so that the benefit resulting from the Act is evident, but at this rate it will take many years to inspect the 2000 odd houses in the district, and this hardly fulfils the object of the Act which was to have present defects promptly remedied and to provide an up-to-date record of the condition of every house in the town. I still think, as I reported last year, that this work is of such importance that it would be worth putting it in the hands of some qualified Inspector who could complete the survey of the whole town within a reasonable time. Many defects would doubtless be found, capable of immediate remedy, and once made the record could easily be kept up to date and

and would be of great use in all our sanitary work. I hope during the coming year to inspect some parts of the district, house to house, myself.

House Accommodation.—Former remarks still apply. Much improvement has been made in courts in the central parts of the town which have been inspected during the last few years, surface drainage and paving being provided and spouting to the house roofs, but in other parts many of the old houses remain imperfect, dampness being the chief fault. The regular inspection under the Housing Act will do more than anything else to remedy this.

Although there are no back to back houses ventilation is often defective. I have been surprised to find lately houses only a very few years old in which the windows are made to open only at the bottom. It is impossible to keep a bedroom or sitting room properly ventilated if no window can be opened at the top, and this should be insisted upon. I am sorry, too, to see a tendency in quite new houses to providing French windows for the bed and sitting rooms. These windows are often kept shut altogether because it is impossible to open them except all the way from top to bottom, when draught or the entrance of rain is unavoidable. Ordinary window sashes which open at the top are far preferable.

Although, as just mentioned, there are no back-to-back houses in the town, there are some, notably at Bewell Head and Windsor Street, which are practically, as far as ventilation is concerned, the same as back-to-back houses, that is to say, they are built facing away from the road and the back wall has no window or ventilating aperture of any kind, being nothing but a dead wall. Through ventilation of some sort should be supplied to these houses.

Water Supply is generally satisfactory, the number of wells in use steadily diminishing. The East Worcestershire Waterworks Company's public supply is an excellent water from deep wells in the sandstone. It practically never varies, is organically of the purest, and is soft for a public supply. This year 19 samples of water in all were analysed, 2 being from streams, and of these 11 were condemned. Six of these latter were wells in Worcester Street round about the houses where cases of suspected Enteric occurred. All were found to be contaminated and tap water was supplied to the houses concerned.

Drainage. — No special extension of sewer was made this year, but several important repairs of connections with the main sewer in High Street were effected, the defects being shown either by subsidence of the road or by the results following one or two heavy storms of rain. The sewer is now, I think, in a satisfactory state.

Excrement Disposal. — Conversion of old privies slowly continues but far too many still remain. I hope that the inspection under the Town Planning Act will lead to the condemning of

of a good many existing privy closets. A good piece of work was done this year in connection with the row of houses in High Street which back on to Crown Close. Almost all these houses had privy closets at the end of long narrow gardens and on the edge of the stream, and several of these had for a long time being sources of nuisance. At the request of the Sanitary Committee I made an inspection and report on the whole, with the result that all have now been removed and w.c.'s provided. This has been a real improvement.

Slaughter Houses.—The intensely hot summer aggravated the nuisance caused by slaughter houses in the town. I have frequently pointed out how the present slaughter houses, situated as they mostly are in the most crowded parts of the town, in back premises closely surrounded by buildings, are hopelessly antiquated, and, however carefully attended to, sources of inevitable nuisance especially in close hot weather. On a summer night the presence of each slaughter house is often perceptible to the senses of a passer by in the street.

It is a great pity that in this respect our arrangements should be so much behind the time compared with continental practice. In any town of this size abroad the public abattoir is a clean airy building, generally pleasantly situated some quarter to half a mile outside the town, where all slaughtering is carried out in the best surroundings, the arrangements for the penning of animals, ventilation, water supply, etc., being all of the best. Easy opportunity is also afforded for the inspection of every beast both before and after death, and to anyone accustomed to such arrangements it seems incredible that numerous separate slaughter houses should continue to exist in the crowded back yards of any town. For every reason, the avoidance of nuisance, the easy inspection of carcases, and the humane treatment of the animals, the public abattoir is the best.

I have said all this many years ago, and repeated it periodically, and some day, I hope, something may be done.

Tuberculosis. — The compulsory notification of Phthisis, beginning on 1st January, 1912, will soon raise the question what is to be done practically to deal with the cases discovered. Much, of course, can be done by the inspection of the houses concerned and attention to such points as ventilation, sunlight and dampness, but there is also the treatment of the patient especially in those early cases in young subjects which might be curable by prompt treatment. The cases first notified in January have naturally been old standing cases, many of them quite chronic, but sooner or later we shall receive information of recently diagnosed disease, in young subjects, and it is these cases in particular with which we should be prepared to deal. Home treatment can do much where circumstances allow and shelters can be provided by the Local Authority for use at home, but in most cases some form of institutional or sanatorium treatment,

treatment, for a time at any rate, is essential. The working of the Insurance Act will afford much help in future years but in the meantime whatever is possible should be done. My own opinion, that provision might be made, by the addition of shelters, at the Joint Isolation Hospital, for suitable selected cases, has frequently been stated and I still hope that this will be considered. It has been done in many districts now, with hospital accommodation exactly like our own, and I believe in every case with success. Every report that I have seen of the working of this plan has been favourable, and it would certainly be the least expensive way of providing sanatorium treatment.

Local dispensaries for the treatment of patients with " tuberculin " have now been established in several districts and the reports of their working are very encouraging. Some of their advocates maintain that by their use the necessity for the provision of sanatoria is completely done away with, and that the most brilliant results can be obtained with the patients living at home and paying weekly visits for treatment to the dispensary, but I believe that the concensus of opinion is that the two systems should be worked together, patients first spending some weeks at a sanatorium, for instruction as to the life they should lead, and then continuing their treatment as out patients at the dispensary after their return home. The Joint Hospital Committee might organise this scheme with local dispensaries at Bromsgrove, Droitwich and Redditch, or possibly the whole county might be covered through the County Council.

Notification of Births Act.—One or two cases occurred during the year which showed the want that exists of instruction by Health Visitors in the case of many newly born infants. One of the objects of the Act was that such visiting and instruction should be given, and it is a most certain help towards diminishing the infantile deathrate. The work of a Tuberculin Dispensary includes the visiting of patients' homes by a trained nurse or health visitor, and it has been suggested that if these dispensaries are provided throughout the county by the County Council the visitors engaged by them might include in their duties the visiting of mothers under the Notification of Births Act. This seems a perfectly feasible plan and I strongly support it.

In conclusion I beg to acknowledge the ready support given to me by the Council and the zealous work of Mr. A. Smith the Sanitary Inspector who, as usual, has done an immense deal of good work during the year.

Appended are the usual tables of statistics.

I am, Gentlemen,

Your obedient servant,

H. CAMERON KIDD,
M.O.H.

Table I.

VITAL STATISTICS

OF THE

BROMSGROVE URBAN DISTRICT

During 1911 and Previous Years.

Year.	Population estimat'd to Middle of each yr.	Births.			Total Deaths Registered in the District.		Transferable Deaths		Nett Deaths belonging to the District.			
			Nett.						Under 1 yr of age.		At all Ages.	
		Uncorrected Number.	Number.	Rate.	Number.	Rate.	of Non-residents registe'd in the Dist.	of Resi-d'nts not registe'd in the Dist.	Number.	Rate per 1000 Nett Births.	Number.	Rate.
1906	8600	244		28·3	155	17·0	33		23	94	122	14·1
1907	8620	217		25·1	154	17·8	39		18	82	115	13·3
1908	8660	241		27·8	155	17·8	27	2	29	120	130	15·0
1909	8700	215		24·7	154	17·7	28		25	116	126	14·4
1910	8740	217		24·8	146	16·7	30		20	92	116	13·2
1911	8928	201		22·5	167	18·7	38		20	99	129	14·2

Area in acres, 1,122. No. of inhabited houses, 2,195. Average Number of Persons per House, 4·06.

TABLE II.

CASES OF INFECTIOUS DISEASE

IN THE

BROMSGROVE URBAN DISTRICT

NOTIFIED DURING THE YEAR 1911.

Notifiable Disease.	Cases notified in Whole District.							Total Cases sent to Hospital.
	At all Ages.	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and upwards.	
Smallpox								
Cholera								
Diphtheria (including Membranous croup)	1		1					1
Erysipelas	3				2		1	
Scarlet fever ..	3			2	1			3
Typhus fever ..								
Enteric Fever ..	2		2					2
Relapsing fever ..								
Continued fever ..								
Puerperal fever ..								
Plague								
Totals	9		3	2	3		1	6

Isolation Hospital is the Bromsgrove, Droitwich, and Redditch Joint Isolation Hospital, situate at Hill Top, Bromsgrove. Number of beds, 40. Number of diseases that can be concurrently treated, 3,

TABLE III.

Causes of, and Ages at, Death during the Year 1911.

Cause of Death.	Nett Deaths of Residents in Whole District at Subjoined Ages.									Total Deaths in Public Inst't'ns.
	All ages.	Under 1	1 and under 2	2 and under 5	5 and under 15	15and under 25	25 and under 45	45and under 65	65and upw'rds.	
1	2	3	4	5	6	7	8	9	10	11
Enteric Fever ..										3
Measles	5	1	2	2						
Scarlet Fever										5
Whooping Cough ..	1	1								
Diphtheria and Croup	1				1					4
Influenza	1								1	1
Phthisis (Pulmonary Tuberculosis ..	7					2	5			3
Tuberculosis Meningitis	4	1		1	1		1			
Other Tuberculous Diseases ..	1				1					1
Cancer, Malignant Disease ..	9							2	7	3
Bronchitis	7	2		1				2	2	
Pneumonia (all other forms) ..	1					1				
Other Diseases of Respiratory Organs										2
Diarrhoea and Enteritis	8	5	2						1	
Appendicitis and Typhlitis	1				1					1
Cirrhosis of Liver ..	3						1	1	1	1
Nephritis and Bright's Disease										1
Congenital Debility and Malformation, including Premature Birth	8	7	1							
Violent Deaths, excluding Suicide ..	7			1		1	1	1	3	1
Suicides..	1							1		
Other Defined Diseases	64	3				3		12	46	12
	129	20	5	5	4	7	8	19	61	38

TABLE IV.

INFANTILE MORTALITY DURING THE YEAR 1911,

IN THE

BROMSGROVE URBAN DISTRICT.

Deaths from stated Causes in Weeks and Months under One Year of Age.

Cause of Death.	Under 1 week.	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 m'th.	1-3 m'ths.	3-6 m'ths	6-9 m'ths	9-12 m'ths	Total Deaths under 1 year.
All Causes										
Measles									1	1
Whooping Cough ..							1			1
Diarrhoea						1	2	2		5
Tuberculous Meningitis							1			1
Congenital Malformations ..	1	1			2					2
Premature Birth ..	1				1	1				2
Atrophy, Debility, and Marasmus						1	1	1		3
Convulsions		2			2					2
Gastritis							1			1
Pneumonia (all forms)								2		2
Totals	2	3			5	3	6	5	1	20

Nett Births in the year, 201. Nett Deaths in the year, 20.

BROMSGROVE URBAN DISTRICT.

Phthisis: Sanatorium and Hospital Accommodation.

No accommodation has yet been provided. The use of the Isolation Hospital has been suggested, but the whole question is still under consideration.

INSPECTOR'S REPORT

OF THE

SANITARY WORK COMPLETED IN THE BROMSGROVE URBAN DISTRICT

IN THE YEAR ENDING 31ST DECEMBER, 1911.

Infectious Disease.—No. of houses disinfected after notifiable disease, 8 ; lots of bedding, clothing, etc., destroyed, 1 ; compensation paid for destruction, nil ; cases of illegal exposure reported (P.H. Act 1875, Sec. 26), nil.

Houses (*Housing, Town Planning, &c., Act, 1909.*) No. of houses erected, nil ; houses inspected, 15 ; represented as unfit for habitation, nil ; closing orders made by Local Authority, nil ; closing orders that became operative, nil ; defects remedied without closing orders, 41 ; defects remedied after closing orders, nil ; closing orders determined, nil ; houses demolished, 3 ; orders to execute works under Section 15, nil ; orders to execute work under Section 15 complied with, nil ; yards paved or repaved, 2 ; cases of overcrowding abated, nil ; dangerous buildings repaired, 8 ; defective roofs repaired, 5.

Moveable Dwellings, Caravans, etc.—No. observed, 5 ; dealt with as insanitary, nil.

House Drains.—No. laid or relaid, 18 ; trapped, ventilated, and repaired, 9 ; obstructed drains dealt with, 17 ; house drains tested, 2 ; insanitary lavatories, sinks, and urinals rectified, 7 ; urinals on licensed premises inspected, 1 ; dumb wells rectified, nil.

Water Closets.—No. of additional w.c.'s provided, nil ; repaired, ventilated, and supplied with water, 1.

Privies and Ashpits.—No. of additional privies and ashpits provided, nil ; pail closets and privies converted to w.c.'s, 23 ; converted to pail closets, nil ; repaired, 1 ; ashpits abolished and bins provided, 10.

Scavenging.—No. of ashpits cleansed, 974 ; privy cesspits cleansed, 1483 ; portable receptacles cleansed, 15,892 ; loads of excrement removed, 899.

Smoke Nuisances.—No. under observation, 2 ; abated, 2.

Water Supply.—No. of wells sunk, nil ; wells cleansed and repaired, 1 ; wells closed as polluted, 2 ; disused wells abolished, 2 ; houses supplied from waterworks during year, 21 ; samples of water sent for analysis, 17 ; houses with contaminated or deficient water supplies dealt with, 14 ; houses erected or rebuilt, for which water certificates were given, nil.

Slaughter Houses.—No. registered, 10 ; licensed, 10 ; repaired, 1.

Factories and Workshops.—No. under inspection, 35 ; certified for limewashing by Inspector, 4 ; insanitary conditions dealt with as nuisances, 1 ; employing young persons, etc., reported to the Medical Officer of Health, nil ; outworkers' premises inspected, 11.

Purveyors of Milk.—No. of, 5.

Dairies.—No. registered, 11 ; contraventions of Acts, Orders, and Byelaws dealt with, nil ; infected milk supplies dealt with, nil ; approximate No. of milking cows in district, 45.

Cowsheds.—No. registered, 10 ; infected milk supplies reported, nil.

Lodging Houses.—No. on register, 4 ; regularly inspected, 4 ; cleansed, 4.

Animals kept so as to be a Nuisance.—No. of cases of removal on notice, 3.

Accumulation of Offensive Refuse.—No. of removals, 1.

Clerical Work.—No. of preliminary notices served, 75 ; statutory notices served, 2 ; statutory notices complied with, 2 ; statutory notices outstanding, nil.